Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>12-2-2008</u>	Address:	817 West 4" Street
Case #:	PO 08-099D		Mt Vernon
County:	Posey		<u>Indiana, 47620</u>
Type of Laboratory Scizure (check one)		Scizure Location (check all that apply)	
Chemic	onal Lab al/Glasswarc/Equipment (only) ite (only)	☐ Residence ☐ Outbuilding ☐ Vehicle	☐ Hotel/Motel ☑ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all fliat apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents;			
Water Reactive Metal (Lithium):			
Aubydrous Ammonia: 2 Gal			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
Yes _ No	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrin	<u>e Information</u> c/Pscudoephedrine Tracking Log crebant Tip —
This report is to be faxed to the following agencies that serve the location:			
Health Dep	ment: Mt Vernon Fire Department artment: Posey County Health Dept ction Service: N/A	Fax: <u>812-8</u> Fax: <u>812-8</u> Fax:	<u>38-8561</u>
For further information regarding this methamphetamine laboratory, contact Investigating Officer; G. R. BOYSTER Phone 812-838-8675			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing,

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.